



# LOS ANGELES COUNTY COMMISSION ON HIV

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*While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.*

## COMMISSION ON HIV MEETING MINUTES April 10, 2008

APPROVED  
6/12/08

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Ruben Acosta	Carmen Canto	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Carrie Broadus	Jim Chud	Kyle Baker
Al Ballesteros	Nettie DeAugustine	Brietta Clark	Maxine Franklin
Diana Baumbauer	Douglas Frye	Joseph Cocetti	Mary Orticke
Anthony Bongiorno/Manuel Negrete	William Fuentes	Mark Davis	Shobita Rajagopalan
Mario Chavez	Quentin O'Brien	Susan Forrest	William Strain
Eric Daar	Angélica Palmeros	Holly Ghilotti	Carlos Vega-Matos
Whitney Engeran	Peg Taylor	Shawn Griffin	Juhua Wu
David Giugni	Chris Villa	Charles Hatcher	Dave Young
Jeffrey Goodman	Jocelyn Woodard	Tasha Howard	
Joanne Granai	Fariba Younai	Richard Iniguez	
Richard Hamilton		Miki Jackson	<b>COMMISSION STAFF/CONSULTANTS</b>
Michael Johnson		Yvette Jones	
Jan King	<b>SPN COORDINATORS (non-Commission members)</b>	Dawn McClendon	Carolyn Echols-Watson
Lee Kochems		Victor McKamie	Jane Nachazel
Brad Land	Teresa Ayala-Castillo	Mireya Muñoz	Glenda Pinney
Ted Liso	Lisa Fisher	Melissa Nuestra	Doris Reed
Anna Long	Gabriela Leon	Trip Oldfield	James Stewart
Ruel Nollado		Ron Snyder	Craig Vincent-Jones
Everardo Orozco		Robert Sotomayor	Nicole Werner
Dean Page		Lambert Talley	
Mario Pérez		Nick Trung	
Natalie Sanchez		Andre Turner	
James Skinner		Cathy Vasilev	
James Smith		Steven Ward	
Kathy Watt		Walter Ward	

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:05 am.
  - Roll Call (Present):** Bailey, Baumbauer, Braswell, Bongiorno, Chavez, Daar, Engeran, Giugni, Goodman, Hamilton, Johnson, King, Liso, Long, Page, Pérez, Sanchez, Skinner, Watt
- APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order, as amended (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**

**MOTION #2:** Approve the minutes from the March 13, 2008 Commission on HIV meeting (*Passed by Consensus*).

**4. CONSENT CALENDAR:**

**A. Consent Calendar Instructions:**

- Motion 4, YR 18 Revised Allocations, was pulled by Mr. Goodman for discussion.
- Mr. Vincent-Jones clarified that there were some issues regarding Motion 6, AB 1984, HIV/AIDS Testing/Prison required a two-thirds vote because the motion revised a previous vote.

**MOTION #3:** Approve the Consent Calendar, as revised (*Passed by Consensus*).

**5. PARLIAMENTARY TRAINING:**

- Mr. Stewart reminded everyone that "pulling" a motion from the consent calendar simply meant it would be discussed at the appropriate place in the agenda rather than voted as written. It would then be addressed like any other motion.

**6. PUBLIC COMMENT, NON-AGENDIZED:** There were no additional comments.

**7. COMMISSION COMMENT, NON-AGENDIZED:**

- Mr. Page said Jules Levin, advocate for HIV/Hepatitis C co-infection, had emailed information indicating that language for HIV/Hepatitis C co-infection was now included in Ryan White.
- ➡ Mr. Skinner indicated that he had a conflict attending SPA #6 SPN meetings and it was referred to the Operations Committee.

**8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no follow-ups.

**9. CO-CHAIRS' REPORT:**

**A. Conflict of Interest Policy Amendment:**

- Mr. Vincent-Jones said the Commission had a more sophisticated Conflict of Interest Policy than did most other EMAs due to the Commission's dual roles.
- Karen Ingvaldstad, HRSA Project Officer, had expressed concern that the current policy does not adequately safeguard provider members from influencing allocations to service categories for which their agencies are funded.
- Mr. Vincent-Jones had pointed out to her that the Commission does priority- and allocation-setting differently than other jurisdictions: most do priority- and allocation-setting without committees; most zero out each year and discuss each category specifically, and many jurisdictions have only one provider per service category.
- While he noted that Ms. Ingvaldstad acknowledged these differences, she added that other jurisdictions use the Commission and its policies as a model, and the Commission's policy had been inappropriately adopted in other jurisdictions.
- To address her concern, it was agreed that the policy would be revised so that members with service category conflicts would recuse themselves from priority and allocation discussions when they focused on their specific category, but not the priority- and allocation-setting discussions as a whole. Proposed language to address the issue was being released for 30 days public comment.

**10. EXECUTIVE DIRECTOR'S REPORT:**

- Mr. Vincent-Jones reported that there was a Sexual Harassment and Cultural Diversity training on May 1<sup>st</sup>, 10:30 a.m. to 2:30 pm. Those interested should contact Ms. Werner. The Board of Supervisors expected Commissioners to be trained by June.
- He announced that Virginia Bonila had already started her new position at the CEO, and introduced Dawn McClendon. She was from County Counsel and would start as Commission Secretary on May 1<sup>st</sup>.

**11. PREVENTION PLANNING COMMITTEE (PPC) REPORT:**

**A. Prevention Plan: 2009 - 2013:**

- Ms. Watt continued the overview of the prevention plan from the prior Commission meeting. A diverse work group comprised of PPC and community members met for eight months to develop the CDC-mandated plan. It was the PPC's primary charge. The consultant also participated in the work group. Voting was by consensus.
- Plans can be for three, four, or five years. The PPC chose five years. Just as the last plan had an addendum of four task force recommendations on emerging trends and ideas, the new plan could also develop addenda if warranted. A two-and-one-half day data summit initiated work. It was prefaced with a primer on using data. The PPC's approved work went to the consultant in December and to providers in January. Ms. Watt noted that the Plan was on the OAPP website and could be downloaded by section.
- She emphasized that the PPC now prioritized by populations and people, rather than BRGs. There were many conversations on group development. A hybrid model weighting populations, behaviors, and identity was chosen to



address the County's diverse needs resulting in: PWHIV, youth, men, women, transgender, and people who share injection paraphernalia (SIPs).

- To best pinpoint scarce prevention funds, some language was tightened. For example, "IDU" was changed to "people who share injection paraphernalia" since those who injected alone would not be at risk of acquiring or spreading HIV.
- There were many discussions on co-factors, e.g., a woman who lived in a geographic area high in PWHIV. Ms. Watt reported the subject had become key at conferences.
- African-Americans were assigned a minimum percentage based on the task force recommendations. There were discussions on whether other sub-populations should also be assigned minimum percentages. Ms. Watt noted there was little data on Native Americans and Asian-Pacific Islanders, but the plan reflected that those populations were disproportionately affected and highly impacted.
- That was rejected because it could slice the limited funding into so many prescribed pieces.
- The next task was to determine how to allocate funds to T/C, HERR, program support and evaluation. Rather than attempt to blanket the County with limited funds, allocations were shifted to finding people through C/T, partner counseling referral services, and evaluation.
- No provider was located for evaluation under the last plan, yet the need to ensure program effectiveness was emphasized. It was decided that one program per type could be evaluated to represent all.
- She emphasized that the plan was not meant solely for OAPP-funded services, but for any provider. It included information that could be used to support any application as well as a step-by-step intervention outline that could be used to guide development and presentation of innovative interventions. Examples of such interventions were provided.

**B. Miscellaneous:**

- Mr. Giugni reported that the April 3<sup>rd</sup> meeting featured a colloquium by Alice Gandleman, SPN Prevention Training Center, on the synergism between science and programs. It stressed cross-fertilization between research and practice.
- Cinderella Barrios-Cernik also made a presentation on intake questions now required by ADPA. Ms. Watt reported there were several questions about crystal meth use, its use with sexual activity, as well as sexual identity, and the gender of partners. The PPC felt the data would enhance prevention.
- Mr. Braswell complimented the new state crystal meth prevention billboard and TV campaign. Ms. Watt said the most significant challenge resulting from the campaign was the lack of treatment slots for those seeking help. Most calling were 14- to 19-year-olds or their families.
- A. J. King was appointed to the PPC.

**13. STATE OFFICE OF AIDS REPORT:**

- Mr. Iniguez, Chief, Community-Based Care Section, attended on behalf of Ms. Taylor, who was out for medical reasons.
- He reported that the Governor had imposed a 10% across-the-board reduction on state programs, but OA was affected differently because of the MOE requirement. Instead, OA was only cut by less than 6% or \$11.02 million in general funds. OA was researching the effect on care programs. Contractors were sent a letter on the reduction and an estimate of its impact.
- He did not yet have information on how the proposed \$7 million reduction would affect ADAP. The Medical Advisory Committee was working with ADAP to review prescription data, utilization data, and prescribing practices to assess the need to cut proposed classes of medication to meet the reduction target. Projections suggested that not all of the proposed classes, nor all of the meds in the proposed classes, would need to be cut. There had not been any final determination.
- Other possible approaches to meeting the target reduction included: stricter utilization controls for one or more drugs, removal of selective drugs within a class of drugs, and/or encouraging less costly medications within a class. The review process was ongoing.
- On another subject, OA was working with the new federal receiver for the Department of Corrections to bring the medical care system into compliance. The receiver would issue a report later that week on the estimated cost. It would be in the billions initially, with ongoing expenditures in the hundreds of millions. Although the need is great, the timing for such expenditures coinciding with such massive budget cuts was worrisome.
- OA did not have its notice of grant award, but had heard about the ADAP earmark and base funding through the press and NASTAD. Base funding for CNP, EIP, CARE/HIPP, the Care Services Consortia and ADAP was expected to be \$32.4 million, about a \$34,800 decrease. The ADAP earmark for ADAP and a portion of CARE/HIPP was likely to be flat-funded.
- Mr. Land asked how Medicaid cuts would affect HIV. Mr. Iniguez said OA was reviewing that in light of the 10% Medi-Cal reimbursement reduction. Some providers would be affected from both types of cuts.
- Mr. Engeran asked about the current budget. Mr. Iniguez said Case Management contracts went up by \$3.4 million the prior year, but might have to be reduced this. Overall, he reported, contractors would still be ahead of where they were a couple of years prior, even with possible cuts.



- Mr. Nollado noted the Assembly Subcommittee on Health and Human Resources met April 7<sup>th</sup> and heard consumers, including Mr. Liso. The Senate Subcommittee would meet April 14<sup>th</sup>. He encouraged people to contact the chairs of the respective committees. Mr. Liso said he had been positive for 20 years. He took symptomatic rather than antiviral drugs, all of which could be cut. One suggestion made on April 7<sup>th</sup> was to shift funds from research. He said legislators wanted to hear from consumers.
- Ms. Watt said it was important to remember that the budget was not final. She emphasized outside funds should be investigated and all should work to ensure legislators heard HIV/AIDS voices. Mr. Goodman suggested looking for additional funds. The vehicle license fee reduction, for example, would make up one-third of the current deficit.
- Mr. Sotomayor and Mr. Braswell expressed concern about consumers affected by cuts from multiple directions, for example, a consumer might experience cumulative mental health, housing and HIV service cuts. Mr. Iniguez said OA was attempting to inform providers as early estimates became available so they could adapt as quickly as possible. Mr. Vincent-Jones recommended a good OA communication plan was necessary to ensure consumers were notified quickly. Mr. Land emphasized that physicians needed to know quickly if drug transitions would be necessary.
- Ms. Granai suggested establishing email contact lists through the website for information on specific subjects because case managers could not always get information to everyone in a short time.
- Mr. Ballesteros pointed out that the sickest and most impacted consumers were always hit the hardest. He asked if consumers were on the Medical Advisory Committee. Mr. Iniguez said there were AIDS specialists in clinical academic and private practice settings as well as consumers and advocates. He agreed to email a complete list with names.
- Mr. Iniguez agreed to email information about the next Medical Advisory Committee meeting to staff for distribution, along with a complete list of the members.
- Mr. Engeran asked if any funds had been saved from backfill to EMAs and TGAs. Mr. Iniguez responded that he could email that information as well.

**14. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:** The report was postponed.

**15. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:**

- Mr. Pérez said OAPP discussed the medical services portfolio with the Board on April 8<sup>th</sup>. Progress on the RFP was predicated on completion of the Medical Outpatient (MO) rate study anticipated in May. Release of part 1 of the medical services RFP was anticipated in September with contracts to begin in June 2009. Part 2 of the RFP, primarily funded through MAI, was expected to be released by November with a start date of August 2009.
- Mr. Goodman asked if current contracts would be extended until the RFP process was completed. Mr. Pérez said OAPP had told the Board they were likely to request such an extension in order to forestall service gaps.
- Mr. Vincent-Jones said that he had understood that no rate would be issued for Medical Case Management (MCM) until the Medical Care Coordination work was done, and wondered why an RFP would be issued for MCM now when Medical Care Coordination would be adopted next year.
- Mr. Pérez said Mercer would be providing rates for ADAP Enrollment, MO, and Nutritional Counseling, but not for MCM. OAPP understood that MCM was being reviewed and reframed. It had been included to split it out from MO, where it was currently a subcategory, and because it was included in MAI. OAPP was open to discuss how best to address that issue and would review their RFP strategy.
- Release of a C/T RFP, based on the new Prevention Plan, was expected in April 2008. RFPs for the remainder of the HIV portfolio were expected in May and would include HERR, faith-based services, and school-based services.
- The CDC had spearheaded satellite panel broadcasts. One had been scheduled in May on the African-American community and OAPP planned a full-day event around it. The CDC has since divided the material into six broadcasts over a couple of years beginning in June, but OAPP's all-day event at the California Endowment would go on with a revised agenda.
- OAPP facilitated a discussion with transportation providers to review the adjustments for the YR 18 investment and to improve the transportation system through better screening and eligibility. It was an example of enhancing cost-effectiveness.
- Ms. Watt requested an update on the meeting on Latinos and the heightened response on African-Americans. Mr. Pérez responded that he had attended the CDC-hosted national consultation in Atlanta for input on improving the Latino prevention response. He noted that the increased Latino population and burden of disease was nearly 40% in Los Angeles County.
- He thought the consultation was effective though many felt the CDC agenda lacked responsiveness. The National Latino AIDS Network, which had been working on a national plan, stepped up to provide information developed over the past year including an emphasis on home-grown responses. He said he would share the written report when it was available.
- Regarding African-Americans, the CDC has been working to heighten the response primarily through encouraging local work in large urban areas. Robert Bailey, CDC, had expressed interest in coming to Los Angeles, but details were not set.



- Ms. Watt asked Mr. Pérez to elaborate on the prevention budget. He responded that there would be an across-the-board 1.7% cut imposed on all jurisdictions, resulting in a \$288,000 reduction for LA County's CDC Prevention Cooperative Agreement. OAPP was working to address it. No state cut was confirmed as yet.
- Mr. Hamilton asked about AIDSWatch, April 28-30, 2008, representation. Mr. Pérez said OAPP was not attending, but some community partners might be going. Mr. Nollado said SCHAC was bringing a number of community members who could apply to participate through their scholarship program.
- Mr. Braswell noted that many areas previously inappropriately cited as weaknesses in the Ryan White application were now listed as strengths. Where "none noted" was listed it only meant no special strength was noted, not that there were no strengths. All were thanked for their contributions to the application.
- Mr. Engeran asked about current Community Development Initiative (CDI) and Capacity Building budgets. Mr. Pérez reported CDI was funded by NCC (20%) and the Cooperative Agreement (80%). Contracts had been extended six months through June 30, 2008 investing half of the annual \$250,000, or \$125,000, minus policy development for a total of \$100,000.
- ➡ It was agreed that OAPP would report back on Capacity Building information.

**16. HIV EPIDEMIOLOGY PROGRAM REPORT:** The report was postponed.

**17. SPA/DISTRICT REPORTS:**

- **SPA #1:** Ms. Granai reported MOU revisions had been discussed to enhance provider participation and client access.. CHIRP LA would present on May 14<sup>th</sup>. There would be a provider networking information day for all CBOs in SPA #1 on June 11<sup>th</sup>; it was designed to better integrate services. A provider forum on the Comprehensive Care Program would be in July. SPA #1 providers who wished to do a presentation should call her. She said five consumers had participated in leadership training and acknowledged three present.
- **SPA #2:** Ms. Sanchez noted the SPN Coordinators were developing a resource inventory of both OAPP- and non OAPP-funded services. It would be used in the Comprehensive Care Plan. SCHAC would present advocacy training at the April 24<sup>th</sup> meeting. Dr. Jessie Sanders, Northeast Valley, would also present on a team approach to Treatment Adherence. Presentations on alternate transportation services, like Access, were also being scheduled.
- **SPA #3:** Mr. Chavez said the PPC presented at the last meeting. The next meeting, focused on budget cuts, would be April 17<sup>th</sup>. He would train next week as a volunteer pre- and post-test HIV counselor, as an example underscoring the need for savings through volunteerism.
- **SPA #4:** There was no report.
- **SPA #5:** Ms. Fisher reported the priority- and allocation-setting process in the various SPAs were reviewed at the April 1<sup>st</sup> meeting. Comments would be forwarded to P&P. CHIRP LA would present at the May 6<sup>th</sup> meeting. The CAB meeting discussed the CAB-driven HIV C/T event scheduled for June 28<sup>th</sup> in a Santa Monica Park, frequented by homeless and runaway youth. Participating partners were welcome. The next CAB meeting would be by April 15<sup>th</sup>. Advocacy training for consumers would be May 2<sup>nd</sup>. The Westside Crystal Meth Task Force had its first meeting that week.
- **SPA #6:** There was no report.
- **SPA #7:** Ms. Leon reported at the last meeting Women Alive presented on the Sex Workers Outreach Project (SWOP), educating on the pressures leading to sex work, alternate paths to economic stability, and advocacy for decriminalization. There was also a presentation on the Prevention Plan. The CAB would meet April 23<sup>rd</sup>. SCHAC would provide education on legislative process and consumer advocacy training. The Red Circle Project would present at the April 25<sup>th</sup> SPN meeting.
- **SPA #8:** Ms. Ayala-Castillo noted the SPN Scope of Work included consumer leadership development. She asked about Commission guidance on that. Mr. Vincent-Jones said Operations was working on it with OAPP, and the SPNs should also participate. He noted the CDIs also had a similar requirement. She thanked P&P for including the SPNs on the Comprehensive Care Plan work group. The next SPA #8 meeting would be April 16<sup>th</sup>.

**18. TASK FORCE REPORTS:**

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

**19. STANDING COMMITTEE REPORTS:**

**A. Priorities & Planning (P&P) Committee:**

**1. YR 18 Revised Allocations:**

- Mr. Goodman noted the current process had always included contingency planning, but this was the first year that an increase as significant as 2% had been awarded. The plan would spread it evenly across categories, but that would result in insignificant YR 18 service increases for many categories, while adding a significant administrative



burden—whether through budget modifications or amendments—to disburse the funds throughout the multiple service categories. Instead, P&P reviewed where the funds could have the best impact.

- Mr. Braswell said this reconsideration process was part of the priority- and allocation-setting process. Mr. Goodman added that P&P would be reviewing the method of contingency-setting in view of lessons learned.
- The Consumer Caucus had simultaneously submitted a recommendation on solving the Medicare “donut hole” that numerous consumers could not escape. He also noted that Medical Outpatient (MO) could have a shortfall of about \$900,000 due to MAI and NCC shifts. MO was the #1 priority and Local Drug Reimbursement #6.
- Mr. Land was grateful for the motion and recommended that implementation include review of ADAP programs in non-County funded programs like those at Kaiser. Mr. Goodman replied the review would be extensive, but the Commission had no purview over entities like Kaiser.
- Mr. Pérez noted that the motion represented a precedent-setting action since the County had never before used Part A/B or NCC funds to compensate for unintended consequences of legislation. In this case, however, he agreed that treatment interruption was occurring. The first step, he suggested, would be to analyze how many consumers were being affected, to what degree, and the cost.
- Mr. Vincent-Jones clarified that Part A funds could be used for Local Drug Reimbursement, but not for share of cost expenses like those of Medicare Part D. The motion was written strategically to distinguish between the uses of funds. Mr. Engeran said this motion reflected the Commission’s legislative mandate to adapt to the local need.

**MOTION #4:** Revise the Year 18 allocation strategy to allocate the increased amount of the Year 18 Ryan White Part A award (\$689,587) to Medical Outpatient Services, with an emphasis on local drug reimbursement (*Substituted by Motion #4A*).

**MOTION #4A (Goodman/Engeran):**

WHEREAS, we recognize that Ryan White funds cannot be used to mitigate the problem of HIV service consumers not being able to exit the Medicare Part D “donut hole,” certain patients are unable to access their medications as a result.

THEREFORE, BE IT RESOLVED, that we allocate the additional \$689,587 from the Part A award increase to any service category necessary, consistent with current law, to facilitate the administrative agency’s resolution of this issue.

FURTHER BE IT RESOLVED, that any unspent funds will be allocated to the Medical Outpatient service category.

FURTHER BE IT RESOLVED, that the administrative agency shall report back its progress to the Commission on HIV’s Executive Committee at the Committee’s next scheduled meeting (*Passed: 21 Ayes; 0 Opposed; 2 Abstentions*).

2. **Priority- and Allocation-Setting Policy:** Mr. Goodman noted the changes had been out for public comment for 60 days. The revision added a recommendation, under 14.c., that a stakeholder who suggested a funding allocation for a particular service category during the priority- and allocation-setting process also try to offer a way to fund it.  
**MOTION #5:** Approve the Ryan White 2010 Principles, as revised and presented (*Passed on the Consent Calendar*).
3. **YR 18 Minority AIDS Initiative (MAI):** The application, previously discussed, was in the packet.
4. **OAPP Annual Financial Reports:** Mr. Goodman noted the YR 17 monthly expenditures had been discussed in detail the previous month. The format had been finalized and a key was provided that defined each column. Financials would be in the Commission packet monthly. P&P would consider changes monthly in committee but, as such changes tended to be minimal, P&P would report on any trends to the Commission quarterly.
5. **LACHNA 2008:** Mr. Goodman reported that P&P had chosen not to complete another needs assessment until 2009. As previously decide, alternate years of LACHNA would focus on service effectiveness in support of work on the Comprehensive Care Plan and in the Standards of Care (SOC) Committee.

**B. Joint Public Policy (JPP) Committee:**

1. **AB 1984 (HIV/AIDS Testing/Prison):** JPP would continue to watch the legislation.  
**MOTION #6:** Revise prior meeting’s motion to support AB 1984 (*two-thirds vote required*) (*Passed on the Consent Calendar*).
2. **SB 1184 (Infectious Disease Reporting):**
  - Mr. Engeran noted the legislation was on track with no significant opposition. Mr. Vincent-Jones said it was scheduled at the Senate Appropriations Committee for the following Monday. It was likely to pass and go to the floor shortly thereafter.
  - Mr. Liso said he was concerned about privacy and noted recent hospital record breaches. He had experienced three breaches with significant problems each time. He recommended JPP advocate stricter enforcement of confidentiality. He was willing to work on the Privacy Subcommittee.
  - Mr. Engeran said that SB 699, the name-based HIV reporting bill from the prior legislative session, had significant protections with penalties for confidentiality breaches and that the surveillance system was a stand-alone system



with its own security protections. SB1184 was specific to surveillance and reporting which had very good privacy safeguards. Mr. Vincent-Jones noted the Privacy Subcommittee had not been active since SB 699 had been passed, but agreed it might be valuable to resurrect it.

3. **Medicare/Medi-Cal:** Mr. Engeran said discussion with state and federal partners should ensue so situations like that of Medicare did not recur. He also called attention to consumer profiles and a *Washington Post* article in the packet, featuring Commissioner Everardo Orozco, on those caught in the "donut hole" situation.
4. **Proposed State Budget:** The item had already been discussed.
5. **Public Policy Docket:** Mr. Engeran noted the docket in the packet. Mr. Kochems said the JPP had expanded its regular meeting time from 2:00 to 5:00 p.m. on the first Wednesday of the month.

**C. Operations Committee:**

1. **Commission Member Nominations:**

**MOTION #7:** Approve the nomination of Ron Snyder for the Service Provider Network #2 Consumer Alternate seat and forward to the Board of Supervisors for appointment (*Passed on the Consent Calendar*).

2. **Consumer Caucus:**

- The Caucus would meet after the Commission meeting. Ms. Granai asked for more information for consumers in SPA #1. Several would like to participate.
- Mr. Land and Ms. Bailey said that all current members were HIV+ Commissioners regardless of affiliation. A method for broadening participation was also being discussed. There had been significant discussion on developing a structure that would facilitate an effective meeting once the Caucus opened up to the consumer community.
- Mr. Vincent-Jones responded that there had only been two meetings to date and structure was still being developed. Chairs had not yet been chosen. Decisions to date had been made by consensus with a more formal decision-making process yet to be developed.

**D. Standards of Care (SOC) Committee:**

1. **Medical Care Coordination:**

- The Commission had agreed that a financial simulation on the cost and cost impact of the Medical Care Coordination Framework would be presented at the same time as the final draft of the Medical Care Coordination standard of care. The final standard of care final draft was nearing completion.
- The financial simulation scope of work was in the packet. The selected consultant was Kay Grinnell, an adjunct professor of public health and decision analysis, who had 20 years experience with Deloitte Consulting where she was the senior partner in charge of health care financial modeling with an emphasis on care coordination.

**20. COMMISSION COMMENT:**

- Mr. Hamilton emphasized the critical nature of the times. The local system has supported recovery, but was at risk.
- Mr. Braswell noted two colleagues were had joined the meeting to learn about the Commission's functions for their Masters thesis.

**21. ANNOUNCEMENTS:**

- Mr. Page said the 2<sup>nd</sup> Annual Hepatitis Awareness Day would be May 16<sup>th</sup>. It would include testing, speakers, refreshments and entertainment. Those interested in being vendors could contact him.
- Mr. Giugni reported that West Hollywood Mayor John Duran's office was coordinating a Gay Men's Forum on April 19<sup>th</sup>. "Where We've Been, Where We Are, and Where We're Headed".
- Mr. Braswell said Aid for AIDS was sponsoring Dining Out Los Angeles the following week.
- Mr. Goodman said Common Ground would host its annual event May 3<sup>rd</sup> champagne brunch. While there was no charge, an RSVP was required; donations were encouraged though.

**22. ADJOURNMENT:** Mr. Braswell adjourned the meeting at 12:25 pm.

- A. Roll Call (Present):** Bailey, Ballesteros, Baumbauer, Bongiorno, Braswell, Chavez, Daar, Engeran, Giugni, Goodman, Granai, Hamilton, Johnson, King, Kochems, Land, Liso, Long, Nollado, Orozco, Page, Pérez, Sanchez, Smith, Watt

**MOTION AND VOTING SUMMARY**

<b>MOTION #1:</b> Approve the Agenda Order, as amended.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #2:</b> Approve the minutes from the March 13, 2008 Commission on HIV meeting.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #3:</b> Approve the Consent Calendar, as revised.	<i>Passed by Consensus</i>	<b>MOTION PASSED</b>
<b>MOTION #4:</b> Revise the Year 18 allocation strategy to allocate the increased amount of the Year 18 Ryan White Part A award (\$689,587) to Medical Outpatient Services, with an emphasis on local drug reimbursement.	<i>Substituted by Motion #A</i>	<b>MOTION SUBSTITUTED BY MOTION #4A</b>
<p><b>MOTION #4A (Goodman/Engeran):</b>  WHEREAS, we recognize that Ryan White funds cannot be used to mitigate the problem of HIV service consumers not being able to exit the Medicare Part D "donut hole," certain patients are unable to access their medications as a result.</p> <p>THEREFORE, BE IT RESOLVED, that we allocate the additional \$689,587 from the Part A award increase to any service category necessary consistent with current law to facilitate the administrative agency's resolution of this issue.</p> <p>FURTHER BE IT RESOLVED, that any unspent funds will be allocated to the Medical Outpatient service category.</p> <p>FURTHER BE IT RESOLVED, that the administrative agency shall report back its progress to the Commission on HIV's Executive Committee at the Committee's next scheduled meeting.</p>	<p><i>Ayes:</i> Bailey, Ballesteros, Baumbauer, Bongiorno, Braswell, Chavez, Daar, Engeran, Giugni, Goodman, Granai, Hamilton, Johnson, Kochems, Land, Liso, Nollado, Orozco, Page, Sanchez, Smith</p> <p><i>Opposed:</i> none</p> <p><i>Abstentions:</i> King, Long</p>	<p><b>MOTION PASSED</b>  <b>Ayes:</b> 21  <b>Opposed:</b> 0  <b>Abstentions:</b> 2</p>
<b>MOTION #5:</b> Approve the Priority- and Allocation-Setting policy and procedure, as revised and presented.	<i>Passed by Consent Calendar</i>	<b>MOTION PASSED</b>
<b>MOTION #6:</b> Revise prior meeting's motion to support AB 1984 ( <i>two-thirds vote required</i> ).	<i>Passed by Consent Calendar</i>	<b>MOTION PASSED</b>
<b>MOTION #7:</b> Approve the nomination of Ron Snyder for the Service Provider Network #2 Consumer Alternate seat and forward to the Board of Supervisors for appointment.	<i>Passed by Consent Calendar</i>	<b>MOTION PASSED</b>